1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90173 019 ***150.00

DOCUMENT # **L29273**

1. Corporation Name

THE NEW MANAGEMENT PUBLISHING COMPANY, INCORPORA

						{				BIBH BH	
Principal Place of Business Mailing Address											
400 NO NEW YORK AVE % JAMES M. HIGGINS											
STE 215		1960 FORREST ROAD						D.T.C. (A) T. U.C.	0040	_	
ORLANDO FL 32789 WINTER PARK FL 32789-60						DO NOT WRITE IN THIS SPACE					
US							orated or Qualife	∍d			
1				_		11/09/19					
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number				App	lied For
21		26				59-30116	13			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			- 0			\$8.	75 A	ditional
-		27	7			5. Certificate of	Status Desired		F	ee Req	uired
City & State			City & State			s Election Cal	mnaign Financin	in	\$5	nn .	Aay Bo
	-	·	28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
23	Country	Country Zip Co				8. This corporation owes the curr					
Zip			⊢			Personal Pr		ullelik year illi	Yes		□No
24	25 29 30			_		10. Name and		. Ponistored			
	9. Name and Address of Curre	nt Registered Agent	- 1.	B1	Name	10, Name and	Address of Net	Registered	Ageitt		
LIIO Č	INIC MARCIN			•	Name						
HIGGINS, JAMES M			la la	B2	Street Addre	ss (P.O. Box Nun	ber is Not Acce	ptable)			
1960 FORREST ROAD						`					
WINTER PARK FL 32789			[1	83							
			L		·				Taar	7:- 0	
				B4	City			FL	85	Zip C	ode
dd Diweyent	to the providence of Spotions 607.05	the ah		named corno	ration submits this	s statement for t	he purpose of	changi	na its r	egistered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered											istered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statut	les.							
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE				gent s	signature required			DATE			
12.		ND DIRECTORS	13.			ADDITIONS/	CHANGES TO	OFFICERS AN			
TITLE			1.1 TITL	1.1 TITLE					[] Ch	ange	☐ Addition
NAME	HIGGINS, JAMES M		1.2 NAM	1.2 NAME							
STREET ADDRESS	1960 FORREST ROAD		1.3 STR	1.3 STREET ADDRESS							
CITY-ST-ZIP	27727		1.4 CITY	/-ST-	.7IP						
TITLE				2.1 TITLE					[] Ch	ange	Addition
			2.2 NAME								
NAME											
STREET ADDRESS			2.3 STREE		ľ						
CITY-ST-ZIP			2. 4 CITY-5		-ZIP				[7.6]		Addition
TITLE		☐ DELETE	3.1 TITLE						[] Ch	ange	☐ Wadillou
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE		ADDRESS						
CITY-ST-ZIP			3.4. CITY-		-ZIP						
TITLE		☐ DELETE	4.1 TITLE						[] Ch	ange	Addition
			4, 2 NA								
NAME					ADDDESS						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			4.4 CITY		ZIP				1705		Addition
TITLE		☐ DELETE	5.1 TITL						[] Ch	ange	☐ Addition
NAME			5.2 NAM	Æ	}						

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition